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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145045 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/04/2024 |
| NAME OF PROVIDER OR SUPPLIER Pearl of Naperville, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 200 Martin Avenue Naperville, IL 60540 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45303</p> <p>Based on interview and record review, the facility failed to follow their policy and immediately report an allegation of abuse to the administrator and report to the state agency.</p> <p>This applies to 1 of 3 residents (R2) reviewed for abuse in the sample of 7.</p> <p>The findings include:</p> <p>R2's EMR (Electronic Medical Record) showed R2 was admitted to the facility on [DATE], with multiple diagnoses including heart failure, bipolar disorder, anxiety, schizoaffective disorder, and major depressive disorder.</p> <p>R2's MDS (Minimum Data Set), dated February 1, 2024, showed R2 had moderate cognitive impairment.</p> <p>R2's trauma care plan, dated August 3, 2023, showed, Given my trauma history and health decline. I present with some risk for failure to thrive secondary to poor insight/awareness and making questionable decisions. I present with a compromised history, and I am observed/monitored to mitigate potential risk towards becoming a recipient or perpetrator of abuse/neglect or further trauma. I have a history of physical, emotional and mental abuse from my ex-husband. The care plan continued to show multiple interventions dated August 3, 2023, including Recognize that the resident is an adult living with chronic, debilitating comorbidities in a skilled care setting and may experience feelings of lack of control and powerless. Work with the resident to overcome these feelings; advocate for expression of resident rights, autonomy and encourage independent decision making.</p> <p>On April 1, 2024, at 12:39 PM, R2 said on March 24, 2024, around 11:00 AM, R2 told V6 (CNA/Certified Nursing Assistant) that V3 (CNA) abused R2. R2 continued to say V6 had V4 (RN/Registered Nurse) and another nurse come to R2's room. R2 said she told V4 and the other nurse what V3 did to her.</p> <p>On April 1, 2024, at 2:09 PM, V4 said she worked on March 24, 2024, from 7:00 PM to 7:00 AM. V4 continued to say around midnight on March 25, 2024, V6 told V4 R2 said she was abused by the previous CNA. V4 said she went to R2's room with V7 (Nurse) and R2 told them she was abused by V3. V4 continued to say after R2 made the allegation of abuse, V4 assessed R2, gave R2 an alprazolam and waited until the morning to report the abuse to V8 (ADON/Assistant Director of Nursing). V4 said she did not report R2's allegation of abuse immediately, V4 waited until V8 arrived at the facility around 7:00 AM, to report R2's allegation.</p> <p>(continued on next page)</p> |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On April 1, 2024, at 3:06 PM, V6 said around 11:00 AM on March 24, 2024, R2 told V6 the previous CNA hurt her. V6 said R2 was crying and shaking in the bathroom. V6 said she went and got V4 and V4 spoke with R2. V6 continued to say she did not report R2's allegation to anybody else and V4 told V6 she would report it.</p> <p>On April 1, 2024, at 3:51 PM, V8 said when she came to work on March 25, 2024, around 8:00 AM, V4 reported R2's abuse allegation to her. V8 said she reported to V2 (DON/Director of Nursing) and V1 (Administrator) immediately.</p> <p>On April 1, 2024, at 3:54 PM, V1, Administrator, said when a staff member receives an allegation of abuse from a resident, it should be reported to V1 immediately. V1 continued to say the State agency should be notified within two hours of the allegation. V1 said the initial report of R2's abuse allegation was submitted on March 25, 2024, at 9:38 AM. V1 said V4 should have reported R2's allegation to him immediately.</p> <p>The facility's Initial Report submitted to the State Agency on March 25, 2024, at 9:38 AM, by V1 showed, Brief Description of Incident: [R2] alleged that care provided by [V3] was not up to facility standards. [V3] suspended pending investigation. Head to toe assessment performed on [R2] with no injuries noted. Family representative and NP (Nurse Practitioner) of [R2] notified. Local law enforcement notified. Investigation initiated.</p> <p>A progress note, dated March 25, 2024, at 2:17 AM, by V4 (RN) showed, Resident pull call light at 11:00 [PM] on 3-24-24, crying in the washroom in her room. CNA notified the nurse of resident's behavior, two nurses including the CNA went to resident's room. Per resident the CNA that took care of her during the afternoon shift (2:00 to 10:00 PM) abuse her sexually by putting one of her finger in her vagina while changing her diaper and cleaning her which made her very uncomfortable and anxious. Alprazolam 0.5 mg (milligram) oral given for anxiety, vital taken within normal limits, resident denies any pain, made comfortable and assisted back to her bed. Resident is sleeping now with no sign of distress. Writer will continue to monitor, ensure the safety of the resident and notify DON in the morning.</p> <p>The facility's undated policy titled Abuse Prevention Program - Policy showed, Abuse Prevention Policy: Residents have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. This includes but is not limited to corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the resident's medical symptoms . Protocol . II. Identification and Internal Reporting .B. Internal Reporting. Employees are required to report any allegation of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator . V. Reporting & Response . C. Initial Report. An initial report to the State licensing agency, Illinois Department of Public Health, shall be notified immediately after the resident has been assessed and the alleged perpetrator has been removed .</p> | | |